

<i>SERFF Tracking Number:</i>	<i>ERCB-125772050</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Westport Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>9-WC-AR-08-03866-1-R</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation NCCI Adoption - 08-03866</i>		
<i>Project Name/Number:</i>	<i>Workers Compensation NCCI Adoption - 08-03866/9-WC-AR-08-03866-1-R</i>		

## Filing at a Glance

Companies: Westport Insurance Corporation, North American Specialty Insurance Company, North American Elite Insurance Company

Product Name: Workers Compensation NCCI Adoption - 08-03866    SERFF Tr Num: ERCB-125772050    State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 9-WC-AR-08-03866-1-R

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Linda Snook

Disposition Date: 08/13/2008

Date Submitted: 08/13/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Workers Compensation NCCI Adoption - 08-03866

Status of Filing in Domicile:

Project Number: 9-WC-AR-08-03866-1-R

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: B-1407/CIF-2008-07

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 08/13/2008

State Status Changed: 08/13/2008

Deemer Date:

Corresponding Filing Tracking Number: n/a

Filing Description:

NCCI has submitted changes on Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes. With this change in wording, they are combining foreign and domestic terrorism into one category and then making the other category for Catastrophe (other than Certified Acts of Terrorism). As such, Westport Insurance Corporation, North American Specialty Insurance Company and North American Elite Insurance Company are filing to adopt B-1407/CIF-2008-07 in your state. The companies intend to treat NCCI's filings as their own. The companies will apply their current

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LCM's to the new Terrorism loss costs of 0.01 and the new Catastrophe (Other Than Certified Acts of Terrorism) loss costs of 0.01.

We request an effective date of Septmeber 1, 2008.

## Company and Contact

### Filing Contact Information

Linda Snook, P&RS Specialist	<a href="mailto:linda_snook@swissre.com">linda_snook@swissre.com</a>
5200 Metcalf	(800) 255-6931 [Phone]
Overland Park, KS 66201	(913) 676-6226[FAX]

### Filing Company Information

Westport Insurance Corporation	CoCode: 39845	State of Domicile: Missouri
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 48-0921045	
	-----	
North American Specialty Insurance Company	CoCode: 29874	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 02-0311919	
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North American Elite Insurance Company	CoCode: 29700	State of Domicile: New Hampshire
5200 Metcalf	Group Code: 181	Company Type:
Overland Park, KS 66201	Group Name: Swiss Re	State ID Number:
(800) 255-6931 ext. [Phone]	FEIN Number: 13-3440360	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Westport Insurance Corporation	\$50.00	08/13/2008	21916461
North American Specialty Insurance Company	\$0.00	08/13/2008	
North American Elite Insurance Company	\$0.00	08/13/2008	

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	08/13/2008	08/13/2008

SERFF Tracking Number:	ERCB-125772050	State:	Arkansas
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Company Tracking Number:	9-WC-AR-08-03866-1-R		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation NCCI Adoption - 08-03866		
Project Name/Number:	Workers Compensation NCCI Adoption - 08-03866/9-WC-AR-08-03866-1-R		

## Disposition

Disposition Date: 08/13/2008  
Effective Date (New): 09/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes
<b>Supporting Document</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
<b>Supporting Document</b>	NAIC loss cost data entry document	Approved	Yes

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## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: ERCB-125772050 State: Arkansas  
First Filing Company: Westport Insurance Corporation, ... State Tracking Number: EFT \$50  
Company Tracking Number: 9-WC-AR-08-03866-1-R  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation NCCI Adoption - 08-03866  
Project Name/Number: Workers Compensation NCCI Adoption - 08-03866/9-WC-AR-08-03866-1-R

## Supporting Document Schedules

	Review Status:	
<b>Satisfied -Name:</b> Uniform Transmittal Document-Property & Casualty	Approved	08/13/2008

**Comments:**

**Attachment:**

AR P&C Trans form.pdf

	Review Status:	
<b>Bypassed -Name:</b> NAIC Loss Cost Filing Document for Workers' Compensation	Approved	08/13/2008

**Bypass Reason:** n/a to this filing

**Comments:**

	Review Status:	
<b>Bypassed -Name:</b> NAIC loss cost data entry document	Approved	08/13/2008

**Bypass Reason:** n/a to this filing

**Comments:**



## Property &amp; Casualty Transmittal Document

Reset Form

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div>New Business</div> <div></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Renewal Business</div> <div></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Swiss Re	181

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Westport Insurance Corporation	MO	39845	48-0921045	
	North American Specialty Insurance Co.	NH	29874	02-0311919	
	North American Elite Insurance Co.	NH	29700	13-3440360	

<b>5.</b>	<b>Company Tracking Number</b>	9-WC-AR-08-03866-1-R
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Linda Snook	RAS Specialist	800-255-6931, x5307	913-676-6226	linda_snook@swissre.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Linda Snook

## Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	16.0 Workers Compensation
10.	Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	Work Comp NCCI Adoption filing
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 9/1/08 or on approval   Renewal: 9/1/08 or on approval
15.	Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16.	Reference Organization (if applicable)	NCCI
17.	Reference Organization # & Title	B-1407 & CIF-2008-07
18.	Company's Date of Filing	08/12/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # 9-WC-AR-08-03866-1-R

21. **Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

NCCI has submitted changes on Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes. With this change in wording, they are combining foreign and domestic terrorism into one category and then making the other category for Catastrophe (other than Certified Acts of Terrorism). As such, Westport Insurance Corporation, North American Specialty Insurance Company and North American Elite Insurance Company are filing to adopt B-1407 and CIF-2008-07 in your state. The companies intend to treat NCCI's filings as their own. The companies will apply their current LCM's to the new Terrorism loss costs of 0.01 and the new Catastrophe (Other Than Certified Acts of Terrorism) loss costs of 0.01.

We request an effective date of Septmeber 1, 2008 or the earliest date of your approval.

[View Complete Filing Description](#)

22. **Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT

Amount: 50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>	9-WC-AR-08-03866-1-R
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2.	<b>This filing corresponds to form filing number</b> (Company tracking number of form filing, if applicable)	n/a
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☐ Rate Increase      ☐ Rate Decrease      ☒ Rate Neutral (0%)

3.	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>
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4a.	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	<b>Overall percentage of last rate revision</b>	
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7.	<b>Effective Date of last rate revision</b>	
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8.	<b>Filing Method of Last filing</b> (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	